

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/	/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
8	/	/		/		/
9	/		/		/	
10	/		/		/	
11	/	/		/		/
12		/		/		/
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18	/		/		/	
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43		/		/		/
44		/		/		/
45		/		/		/
46		/		/		/
47		/		/		/
48		/		/		/
49		/		/		/
50		/		/		/
TOTAL IND.	4		8		10	
TOTAL DEP.	19		27		30	
TOTAL CLAIMS	23		35		40	

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS